



Site and Training Class Information

Date: ____/____/____

If you do not want this information released to the public, check here:

Location Name (Military Base Name/AARP Office/etc.): _____

Electronic Filing Identification Number (EFIN): _____

Site Identification Number (Site ID): _____

Part 1 – Site Information

Public Contact Name _____ (Area Code) Telephone Number _____

Email Address (Required): _____

Opening Date: ____/____/____ Closing Date: ____/____/____

Mailing Address Prior to Tax Season (Do Not Use a PO Box): _____

Site Coordinator Name _____ (Area Code) Telephone Number _____

Schedule (Days and Hours Site is Open): _____

Part 2 – Training Class Information

Class Coordinator Name: _____

Class Location: _____

Street Address (Including Building and Room Number): _____

City and ZIP Code: _____

How many volunteers will attend this State class? _____

Will your agency provide an instructor for State training?

No Yes, please print name: _____

First Choice

Second Choice

Date: _____

Date: _____

Time: _____

Time: _____

Email or fax your request to: **Volunteercoordinator@ftb.ca.gov** or 916.845.9004.